Economic Woes Are Taking Toll on Addiction Services

**BY RENÉE MATTHEWS**

Bethesda, Md. — The current economic downturn has had a substantial impact on the prevalence and treatment of addiction in the United States, according to preliminary findings of data gathered from treatment program administrators.

Stress as a result of job loss or being in a family affected by job loss has led to an increased demand for addiction treatment services, which are themselves undergoing budget cutting due to reduced funding, cuts in management and counselor slots, and the ripple effects of hiring freezes, Paul Roman, Ph.D., said at the annual meeting of the Association for Medical Education and Research in Substance Abuse, which was sponsored by Brown Medical School.

Dr. Roman and Amanda J. Abraham, Ph.D., both of the University of Georgia, Atlanta, collected data during face-to-face and follow-up telephone interviews with treatment program administrators in the Clinical Trial Program (198), privately run programs (345), and the National Institute of Alcohol Abuse and Alcoholism (350).

The administrators reported a mean reduction of 12.6% in overall budget, 21.8% in grant dollars, 20.1% in Medicaid income, and 12.4% in insurance payments.

The dip in grant allocations alone correlated with an increase in uncollectible revenues, a decrease in staff and treatment slots, and reduced implementation of hiring freezes, he said.

Staff losses and hiring freezes cut across the management, counselor, and support staff categories: 14.1% of interviewees reported cuts at management level, 27.1% reported counselor losses, and 24.6% support staff losses.

One-third of those interviewed said there had been hiring freezes across all three staff categories.

The reduction in the number of treatment slots was reported by 11.9% of the interviewees, and there was a mean overall increase of 18.2% in patients.

The American substance abuse treatment system is under considerable economic stress,” Dr. Roman said. Smaller, nonprofit, nonhospital-associated programs have been hardest hit, as have programs with a higher percentage of Medicaid patients, a lower percentage of counselors with master’s degrees, and more injection drug users and unemployed patients.

From a regional perspective, almost half of the programs in the Pacific coast region were stressed, compared with 23.1% in the South Atlantic, 15.4% in the East North Central, and 7.7% in the Midwest.

Dr. Roman said programs might capitalize on “great opportunities” to bolster their bottom lines and treatment services: the growth of substance abuse problems in the elderly, the fact that Baby Boomers are aging into the high prevalence years of substance abuse, the implementation of parity for substance and alcohol use disorder treatment, and health care reform.

He emphasized, however, that leadership will be critical if providers are to join together to take advantage of these factors.

The most successful treatment programs … engage in concrete, measurable, identifiable, systemic strategic planning,” he said. Programs should therefore consider how they could attract clients to and keep them in treatment, work to shed the chronic disease stigma associated with substance abuse, and tap new sources of referral, such as the workplace.

Dr. Roman said he had no financial disclosures to make. The study was funded by the National Institute of Drug Abuse and the NIAAA.